

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/762376**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2	/				/	
3	/				/	
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TOTAL IND.	5	0		0	1	0
TOTAL DEP.	3				2	
TOTAL CLAIMS	8				3	

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		0		0		0
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS